

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90293 024 ***150.00

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1. Entity Name

CINTAS CORPORATION NO. 2



Principal Place of Business

P.O. BOX 625737
CINCINNATI, OH 45262

Mailing Address

P.O. BOX 625737
CINCINNATI, OH 45262

440301



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1703809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO
NAME KOHLHEPP, ROBERT J *Scott D. Farmer*
STREET ADDRESS 6800 CINTAS BOULEVARD
CITY-ST-ZIP CINCINNATI, OH 45262

TITLE P
NAME FARMER, SCOTT D
STREET ADDRESS 6800 CINTAS BOULEVARD
CITY-ST-ZIP CINCINNATI, OH 45262

TITLE SD
NAME FROOMAN, THOMAS E
STREET ADDRESS 6800 CINTAS BOULEVARD
CITY-ST-ZIP CINCINNATI, OH 45262

TITLE V
NAME GALE, WILLIAM C
STREET ADDRESS 6800 CINTAS BOULEVARD
CITY-ST-ZIP CINCINNATI, OH 45262

TITLE VT
NAME CARNAHAN, KAREN L
STREET ADDRESS 6800 CINTAS BOULEVARD
CITY-ST-ZIP CINCINNATI, OH 45262

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William C. Gale WILLIAM C. GALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

DATE

(513) 459-1200

DAYTIME PHONE #